

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 21 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24674

3272

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KennettPrimary Registration District No. 10123City Kansas City, Mo.(No. General Hospital)File No. 3272

Registered No. _____

St. _____

Ward) _____

2. FULL NAME Ethel Hauschell(a) Residence, No. 5600 Virginia

St. _____

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN7. AGE 50

YEARS _____

MONTHS _____

DAYS _____

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know13. NAME Do not know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know15. MAIDEN NAME Do not know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know17. INFORMANT (ADDRESS) Carener

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple HillDATE 7/21/3419. UNDERTAKER (ADDRESS) 3146 main st20. FILED 7-21-1934mm homeand Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-, 1934

22. I HEREBY CERTIFY that I attended deceased from _____, 19____

I last saw _____ at _____ on _____, 19____. Death is said

to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____

Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____

M. D.

(Address) _____

